Parental and Familial Characteristics used in the Selection of Foster Families

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Abstract

Virtually nothing is known about the characteristics used to select foster families. This study examined if and how psychosocial problems, income, education, race and the supply of and demand for foster families are related to the approval of families to foster and the placement of children. Families who were approved and who had a child placed had fewer problems and higher incomes than families who were not approved and who did not have a child placed. Income moderated the effect of problems on placement. Race, education, and supply/demand were not related to approval or placement. In many respects results support the efficacy of the selection process.

Key Words: foster family selection, foster family approval, family foster care, psychosocial functioning

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"If foster care is to be used wisely, there is first of all, a continuing need for better understanding of the processes of selecting foster parents able to provide appropriate and adequate care and willing to continue doing so" (Cautley, 1980, p. 18). "Ill chosen families spell disaster for the children and grief for the agency" (Wolins, 1963, p. 4). Despite this longstanding recognition of the importance of understanding how effective foster families are selected, virtually nothing is known about the characteristics actually used to select foster families. This is a remarkable gap in our knowledge given the millions of children placed in family foster care over the last century. Therefore, the purpose of this paper is to examine if and how crucial parental and familial characteristics are related to the selection of foster families.

Much has been written about the desirable qualities of foster parents and families. Professional standards for family foster care (CWLA, 1975, 1995) and programs for training foster parents (Child Welfare Institute, 1987; Illinois Department of Children and Family Services, 1993) are prominent among this literature. In addition, information about the desirable qualities of foster parents and families is provided by a large body of research on children and families in the general population (Buehler, Anthony, Krishnakumar, Stone, Gerard, & Pemberton, 1997; Downey & Coyne, 1990; Orme & Buehler, 2001; Rothbaum & Weisz, 1994; Simons, 1996), and research on foster children and families (Cautley, 1980; Orme & Buehler, 2001; Teather, Davidson, & Pecora, 1994).

Research on Foster Family Selection

Only two studies have compared foster family applicants who were selected with those not selected (Cohon & Cooper, 1993; Wolins, 1963). In the earliest study of this question Wolins carefully designed and tested a questionnaire to measure the ideal characteristics of foster parents and families as identified by workers. In a preliminary study examining the criterion validity of this questionnaire Wolins identified eleven "positive" characteristics that differentiated foster families rated by workers as "superior," "adequate," and "inferior." In families rated more

highly, fathers had at least a high school education and regarded children as distinct individuals; mothers were farm-reared, younger than 46, and not excessively planful, ambitious, possessive, or self-sacrificing; both parents were flexible in the means and pursuit of goals; and, the family had two or three birth children.

Wolins (1963) administered his “ideal characteristics” questionnaire to 628 applicant families in seven counties, and later determined which families were and were not selected. He created a variable indicating the number of positive characteristics for each family, and found that families selected to foster had more of these characteristics than families not selected. However, the number of positive characteristics only predicted selection in agencies where the number of available foster families was high relative to the number of families needed (i.e., a higher supply/demand ratio). Also, these characteristics did not predict the selection of African-American families, who were in short supply relative to demand. Wolins speculated that selection rules are used when agencies and workers are under less supply/demand pressure, but when they are under more supply/demand pressure these rules are applied unreliably. Thus, the supply/demand ratio might shape the selection process, perhaps even more so today given the dwindling supply of foster families, especially African-American families (Casey Family Programs, 2000: DHHS, 1993; GAO, 1995; Pasztor & Wynne, 1995).

More recently, Cohon and Cooper (1993) compared applicants who were selected (n = 16) to those who were rejected (n = 13) to foster medically complex infants. There were no differences in demographic characteristics or in the Maternal Attitude Scale. Rorschach results indicated that applicants who were rejected, as compared to those who were selected, had more difficulty modulating their emotions and developing interpersonal ties, and were more likely to look to others instead of themselves to solve problems.

Desirable and Undesirable Parental and Familial Characteristics

We suggest that foster families should possess the personal, relational, and social characteristics likely to promote the behavioral and emotional adjustment of foster children.

These are not the only desirable characteristics of foster families or of placement outcomes (Pecora, Whittaker, Maluccio, Barth, & Plotnick, 2000), but they are essential to effective foster care for several reasons. First, many children in foster care have behavioral and emotional problems (Heflinger, Simpkins, & Combs-Orme, 2000; Pilowsky, 1995; Rosenfeld et al., 1997). Second, even those children who do not exhibit problems are at risk for developing problems because of a history of child abuse and neglect, family poverty, or parent mental health problems (Rutter, 2000; DHHS, 1997; Rosenfeld et al., 1997), or because of the stress associated with being removed from their families or placement disruption in foster care (Fanshel, Finch, & Grundy, 1990; Fanshel & Shinn, 1978; Pardeck, 1984; Rowe, Cain, Hundleby, & Keane, 1984). Third, foster children with more behavioral and emotional problems are reunified more slowly with their birth families (Glisson, Bailey, & Post, 2000), and are more likely to experience placement disruptions (Croft, 1999; Stone & Stone, 1983; Teather et al., 1994). Finally, many foster children with behavioral and emotional problems do not receive mental health services (Faver, Crawford, & Combs-Orme, 1999; Rhodes, Orme & Buehler, 2001; Risley-Curtiss, Combs-Orme, Chernoff, & Heisler, 1996); foster families are the front-line service providers for these vulnerable children (Fanshel & Shinn, 1978; Pecora et al., 2000).

Extensive research on children and families in the general population has identified a number of parental and familial characteristics that contribute to children's behavioral and emotional adjustment (Bradley et al., 1998; Buehler et al., 1997; Downey & Coyne, 1990; Orme & Buehler, 2001; Rothbaum & Weisz, 1994; Simons, 1996). These include the quality of parenting, the quality of family functioning, the quality of marital functioning (in families with two parents), the quality of the home environment, parents' mental health, and the availability of needed social support. There also is some research indicating the importance of some of these factors among foster children and families (Orme & Buehler, 2001). These areas will be referred to here collectively as "psychosocial functioning," and problems in these areas as "psychosocial problems," with the understanding that this refers to functioning in particular

areas related empirically to children's behavioral and emotional adjustment.

Virtually all of what we know about psychosocial functioning among foster families is based on samples of families approved to foster (Orme & Buehler, 2001). Orme and Buehler's review of this literature indicates that some of these families have problems in parenting, family functioning, and in their home environment. We do not know what, if any, proportion of these families has problems in mental health, marital functioning, or social support. In addition, it seems likely that those with more problems are less likely to be approved to foster and more likely to discontinue fostering earlier, and so samples of approved families probably underestimate the prevalence of psychosocial problems among foster family applicants.

We suggest that foster families with more psychosocial problems will find it more difficult to promote the behavioral and emotional adjustment of foster children, especially given the stress placed on families by the demands of fostering. Thus, foster family applicants with more problems will be judged less qualified during the selection process, and it is less likely that they will be selected to foster. This implies a hypothesis that the number of problems will be lower in families selected. However, there are several plausible ways in which the number of problems might be related empirically to selection. With each additional problem the probability of selection might decrease by some constant amount. In this case, there would be an inverse linear relationship between the probability of selection and the number of psychosocial problems. Or, with each additional problem the probability of selection might decrease by some constant amount only up to a certain number of problems, beyond which the probability of selection is relatively low and additional problems no longer effect selection. This would occur if applicants with more than a certain number of problems were equally unlikely to be selected (Wolins, 1963). In this case, there would be a curvilinear relationship between the probability of selection and the number of problems, with a threshold existing at a specific number of problems. Each of these possibilities will be examined in this study.

Numerous factors might interfere with the assessment of psychosocial problems, and so the number of problems might not be related empirically to selection, or might be only related

weakly. Our review of unpublished foster family application materials suggests that applicants are assessed along numerous dimensions of psychosocial functioning, albeit not using standardized measures with demonstrated psychometric properties. Caseworkers typically use clinical judgment and state licensing standards to select foster families (Kadushin & Martin, 1988). Although clinical judgment is useful, it has limitations (Dawes, Faust, & Meehl, 1989), and these are compounded by caseworker shortages, less experienced and educated caseworkers, high caseloads, and high burnout and turnover rates among caseworkers (DHHS, 1995, 1997; GAO, 1995). Consequently, caseworkers might not have the training, experience, or time to assess foster family applicants adequately, especially along dimensions that can be complex, subtle, or not easily observable. Some applicants might be reluctant to self-disclose problems for fear of not being selected. The shortage of foster families, especially African-American families, might lead agencies to reduce their standards (Hurl & Tucker, 1995; Tucker & Hurl, 1992). Finally, recruitment is a "formidable task even under the best of circumstances" (Barbell & Sheikh, 2000, p. 1), which might increase the pressure to select families who are less qualified (Wolins, 1963).

Parent Education and Family Income

In addition to psychosocial functioning, higher parent education (particularly mothers') and family income have been linked with better behavioral and emotional adjustment in children (Chase-Lansdale, Gordon, Brooks-Gunn, & Klebanov, 1997; Hanson, McLanahan, & Thomson, 1997; Lipman & Offord, 1997; Sameroff, Bartko, Baldwin, Baldwin, & Seifer, 1998). Therefore, it can be argued that education and income should be used in the selection of foster families. Education and income also are important to fostering for other reasons. Income is important because a lack of economic resources has been linked to maltreatment of foster children in family foster care (McFadden & Ryan, 1991). Also, fostering often requires out-of-pocket expenses (Kriener & Kazmerzak, 1994). Education is important given the complex concepts covered in foster parent training (Child Welfare Institute, 1987; Illinois Department of Children and Family Services, 1993), the completion of extensive application materials, and the need to

work with the foster care agency and related complex bureaucracies.

Although foster parent education and income are important to fostering, this is not to say that only highly educated or financially well-off families should be selected. Supporting qualified foster families with diverse educational backgrounds and income is essential for several reasons. First, it can be argued that those with diverse education and income can provide good family foster care, especially given agency supports. Second, to some extent, education and family income are markers of social privilege, and this might be one of the reasons they are related to the behavioral and emotional adjustment of children. It can be argued that foster care agencies should not show deference to social privilege, but should be inclusive and provide the supports necessary to facilitate good fostering among qualified families with diverse education and income. Third, there is a shortage of foster families, especially African-American families. If those with less education and income are excluded from fostering, the pool of qualified applicants will be restricted significantly, especially among kinship caregivers, and it will be more difficult to match foster children and families and to keep children in their communities. The least restrictive environment for children can be neighborhood-based placements, and families recruited from neighborhoods where foster children live may be economically or educationally disadvantaged (Casey Family Programs, 2000).

Wolins' (1963) results suggest that families in which fathers have more education are more likely to be selected, but Cohon and Cooper (1993) found no educational differences. We do not know if or how family income is used in the selection of foster families. We do know that considerable diversity in education and income exists among families approved to foster (Orme & Buehler, 2001; Rhodes et al., 2001). We do not know if families approved to foster are representative of foster family applicants in terms of educational attainment and income.

If parent education and family income are related to selection there are several plausible ways in which they might be related. First, one or both of these might have a direct positive effect on the probability of selection, independent of the number of psychosocial problems. In

this case, families with higher income and education would more likely be selected. Second, one or both of these characteristics might have a positive effect on the probability of selection because of the shared association with psychosocial problems. Third, one or both of these characteristics might have a positive effect on the probability of selection, but only up to a certain level of education or income, beyond which there is no effect. This would occur if applicants with more than a certain level of education or income were equally likely to be selected. In this case, there would be a curvilinear relationship between the probability of selection and education or income, with a threshold occurring at specific income and educational levels. Finally, parent education or family income might moderate the negative effect of psychosocial problems on the probability of selection. Applicants with more problems might be able to foster if they have more education or family income, resources that might partially compensate for psychosocial problems. In this case, parent education or family income would moderate the effect of the number of problems on the probability of selection.

Selection—Approval and Placement

To this point, we have discussed the selection of foster families without defining selection. In one sense the selection of a family involves a decision to approve, license, or certify a family to provide foster care. We refer to this as "approval." In another sense, selection means placement of a child. Approval to foster is a prerequisite to placement of a child (except when a child is placed pending approval), but it does not always lead to placement. Anecdotal evidence suggests that agencies approve some families with reservations when there is no clear reason not to approve them, but then do not place children in these families (DHHS, 1993). If this is the case, the determinants of approval and placement might be different. Of course, there are other reasons why children might not be placed in approved families, such as the lack of a suitable match between the types of children needing placement and the types of children families are willing to foster (Cox, 2000). Nevertheless, placement is a stronger indicator of selection.

There are several plausible ways in which parent education, family income, and the number of psychosocial problems might be related to approval and placement. These

characteristics might have direct effects on approval, but only indirect effects on placement through approval. This would occur if placement was determined only by the characteristics that determined approval. Or, some characteristics might have direct effects on approval and indirect effects on placement through approval, and other characteristics might have direct effects on placement. This would occur if different characteristics determined approval and placement. For example, it might be that education and income have positive direct effects on approval and through approval on placement, but psychosocial problems have direct negative effects on placement but no effects on approval.

Following from the above, this study will attempt to answer the following questions:

1. Is there a relationship between psychosocial problems and approval? If so, is the relationship linear or curvilinear, and do supply/demand, parental education, or familial income moderate this effect?
2. Is there a relationship between parental education or familial income and approval? If so, are these relationships linear or curvilinear, and are they direct or indirect through their effects on the number of psychosocial problems?
3. Is there a relationship between psychosocial problems and placement? If so, is the relationship linear or curvilinear, and do supply/demand, parental education, or familial income moderate this effect?
4. Is there a relationship between parental education or familial income and placement? If so, are these relationships linear or curvilinear, and are they direct or indirect through their effects on the number of psychosocial problems?
5. Are there differential effects of psychosocial problems, parental education, or familial income on approval and placement?

Methods

Sample

Successive cohorts of foster family applicants were recruited during preservice training in three large counties in a southeastern state. MAPP training (Model Approach to Partnerships in

Parenting) (Child Welfare Institute, 1987) was provided by the state in which this study was conducted, and it consists of 30 hours of training (presentations, role-play exercises, and didactic instruction) over ten 3-hour sessions. MAPP has been used nationally since 1991, and as of 2000 it was used in 12 states (Child Welfare Institute, personal communication, 2000). This preservice training was required of all non-kinship family foster care applicants.

Adoptive as well as foster parent applicants were recruited because many adoptive applicants foster prior to adopting. In two-parent families, both parents were required to consent and participate in MAPP. Kinship foster families were not included because they were not required to undergo MAPP. Therapeutic foster families were not included because they received training from contract agencies, not from the state. Finally, so that all families would have the complete battery of measures, only foster families who completed MAPP were included.

At the second MAPP session the research study was introduced by a member of the research team, families were asked to participate voluntarily in the research, and consent forms were distributed. Each family was offered a $25 gift certificate for participation.

Design

The demographic characteristics and psychosocial functioning of family foster care applicants were assessed during MAPP. Fourteen months after the completion of MAPP approval status and whether or not a child had ever been placed were determined.

Measures and Variables

Demographic Characteristics

Self-reported demographic data were collected during MAPP. Family-level data included: marital status; number of parents in the home; type of dwelling; yearly family income; county of residence; whether interested only in fostering, fostering and adoption, or adoption only; and number of children in the home. Individual-level data included: race; highest degree obtained; employment status; previous foster parent experience; and age.

Family-level education and race variables were created because approval and placement decisions are made at the family-level, and so models were tested at the family-level. Women's

education was used for family-level education except in the four cases of unmarried men, and men's education was used in these cases. Women's education was used because research suggests that it is mothers' education that is linked with behavioral and emotional adjustment in children and because women's education has the most direct effect on parenting (Conger, Conger, & Elder, 1997; Pagani, Boulerice, & Tremblay, 1997). Family-level race for unmarried applicants was the race of the individual (European-American = 0, African-American/other = 1). For same-race married couples family-level race was the race shared by spouses, and for the four mixed-race married couples family-level race was coded as African-American/other.

Psychosocial Functioning

Measures used to assess psychosocial functioning were selected after a search of relevant research and collections of measures (e.g., Fischer & Corcoran, 1994a, b; Hersen & Bellack, 1988; Magura & Moses, 1986; Thompson, 1989; Touliatos, Perlmutter, & Straus, 1990; van Riezen & Segal, 1988). Criteria used included: reliability, validity, normative data (especially criterion scores that could be used to determine the presence of problems), ease of use (time for completion, reading level), and relevance to foster parent applicants (e.g., measures not assuming children already in the home).

A member of the research team administered the measures of psychosocial functioning during MAPP sessions three through seven. Researchers were trained to ensure standardization of and fidelity to the administration procedures, and a procedural manual was developed and used. In two-parent families, both parents independently completed the following measures at the indicated MAPP sessions: Social Support Behaviors Scale (session 3); Dyadic Adjustment Scale (session 4); Family Assessment Device—General Functioning Subscale and Partner Abuse Scale (Non-Physical) (session 5); Brief Symptom Inventory (session 6); and Adult-Adolescent Parenting Inventory (session 7). Single foster parents did not complete the Dyadic Adjustment Scale or the Partner Abuse Scale, and single foster parents living alone did not complete the Family Assessment Device. The administration of these measures was sequenced so that the only variable likely to change in response to MAPP, parenting beliefs, was measured at a later session. Also, less threatening measures were administered earlier in

order to reduce attrition from the research.

Social Support Behaviors Scale (SSB). The SSB is a 45-item scale designed to measure social support available from friends and family (Vaux, Burda, & Stewart, 1986; Vaux, Riedel, & Stewart, 1987). Items are rated on a 5-point scale ranging from "No one would do this" (1) to "Most family members/friends would certainly do this" (5). Support from family and friends is rated for each item. Mean total scores are computed for friends and for family. Each subscale has a potential range of values from 1 to 5 and higher scores indicate more available support.

The SSB is the only measure used in this study without a criterion score. A criterion score was determined separately for men and women and for the friends and family subscales using data from the current study. Scores were selected that differentiated the lower 25th percentile of the distributions from the upper 75th percentile, a method commonly used in related areas of research (Sameroff et al., 1998). Those in the lower 25th percentile were considered to have a problem in social support. For the family subscale, scores less than or equal to 4.05 for women and 4.07 for men were considered problematic. For the friends' subscale, scores less than or equal to 3.78 for women and 3.72 for men were considered problematic.

Dyadic Adjustment Scale (DAS). For two-parent foster families the DAS (Spanier, 1976) was used to measure marital adjustment. The DAS is a 32-item multidimensional measure of the quality of dyadic relationships (Spanier, 1976, 1989; Touliatos et al., 1990). DAS items have different anchors and rating scales, including 5-, 6-, and 7-point scales, and two items rated as "yes" or "no." A total summated score (computed using all items) has a potential range of values from 0 to 151, with higher scores indicating better marital adjustment. Scores under 100 indicate marital distress (Eddy, Heyman, & Weiss, 1991).

Partner Abuse Scale (Non-Physical) (PASNP). For two-parent families the PASNP was used to measure marital conflict (Attala, Hudson, & McSweeney, 1994). The PASNP is a 25-item scale designed to measure the degree or magnitude of perceived non-physical abuse from a spouse or partner. The primary focus is the magnitude of verbal aggression. Items are rated on a 7-point scale ranging from "Never" (1) to "All of the time" (7). A total score with a potential range from 0 to 100 is computed, and higher scores indicate more perceived non-physical abuse. A score greater than 15 indicates a clinically significant problem.

Family Assessment Device--General Functioning Subscale (FAD-GF). The FAD-GF is a 12-item subscale of the Family Assessment Device designed to measure the overall pathology of the family (Epstein, Baldwin, & Bishop, 1983; Miller, Epstein, Bishop, & Keitner, 1985; Kabacoff, Miller, Bishop, Epstein, & Keitner, 1990; McFarlane, Bellissimo, & Norman, 1995). FAD-GF items are rated on a 4-point scale ranging from "Strongly Agree" (1) to "Strongly Disagree" (4). A mean total score with a potential range of values from 1 to 4 is computed, and higher scores indicate unhealthy functioning. Miller et al. (1985) found that a criterion score of greater than 2 provides the best balance between sensitivity and specificity.

Brief Symptom Inventory (BSI). The BSI is a 53-item scale designed to measure current, point-in-time, psychological symptom status (Derogatis, 1993). It is based on the widely used and validated SCL-90-R (Derogatis, 1994). BSI items are rated on a 5-point distress scale ranging from "not at all" (0) to "extremely" (4). Individuals are classified as having psychological problems if they have Global Severity Index (GSI) T-scores ≥ 63 or if any two symptom dimension T-scores (e.g., Depression, Anxiety) are ≥ 63. The GSI raw score is the mean of the total items completed, and the symptom dimension raw scores are the means of the completed items for the respective subscales. These raw scores then are transformed to normalized T-scores using adult non-patient norms for males or females and these T-scores have a mean of 50 and a standard deviation of 10.

Adult-Adolescent Parenting Inventory (AAPI). The AAPI (Bavolek, 1984; Cohon & Cooper, 1993; East, Matthews, & Felice, 1994; Haskett, Johnson, & Miller, 1994) is a 32-item scale designed to measure parenting attitudes among parents or potential parents. AAPI items are rated on a 5-point scale ranging from "Strongly Agree" (1) to "Strongly Disagree" (5). The AAPI has four subscales: (1) developmental expectations (6 items); (2) empathy for children's needs (8 items); (3) alternatives to corporal punishment (10 items); and (4) parent-child roles (8 items). For each subscale a total summed score is computed. The raw score then is converted to a sten score (standard scores with a range from 1 to 10) based on normative data (non-abusive) for white female adults, white male adults, African-American female adults or African-American male adults. (African-American norms were used for the few respondents who listed their race

as "Other"). Sten scores from 7-10 are high (desirable), sten scores from 5-6 are average and represent the norm, and sten scores in the range 1-4 are low (undesirable). Those with scores in the range from 1 to 4 were considered to have a problem.

Number of family-level psychosocial problems. For an unmarried applicant, the number of family problems equaled the number of his or her individual problems (i.e., the number of measures on which the applicant scored in the problematic range). For married applicants the family was counted as having a particular problem if either partner had that problem, and the number of these problems was totaled. Unmarried individuals were coded as not having problems in marital adjustment or marital conflict, and unmarried individuals living alone were coded as not having problems in family functioning. The potential number of family-level problems ranges from 0 through 10 since there are ten indicators of psychosocial functioning.

Approval and placement were examined as a function of the number of psychosocial problems for two reasons. First, research suggests that it is the number of problems in psychosocial functioning, not any one problem, that puts children at risk for behavioral and emotional problems (Sameroff et al., 1998). Second, the sample size in the present study is not large enough to model the individual dimensions of psychosocial functioning simultaneously, especially given the possibility of curvilinear and moderating effects.

Supply/Demand

Supply/demand was operationalized as a ratio of the number of foster families to the number of new children committed to custody, and these data were obtained for each of the four years data were collected. These ratios were very consistent over the four years of the study, and so for each county the four-year average was used as the supply/demand ratio. This ratio is less than 1 if the number of foster families is less than the number of new children committed, and greater than 1 if the reverse is true.

Foster Family Approval and Foster Child Placement

The decision to approve a family or to place a child was made by the agency with input from the worker who conducted the home study. To determine whether or not a family was

approved to foster and had a child placed we contacted the worker assigned to that family or the worker's supervisor. Approval and placement were coded as no (0) or yes (1).

Results

Throughout, $\alpha \leq .05$ was used to test hypotheses. Two-tailed tests were used given the importance of detecting results in either direction.

Demographic Characteristics

Of the 230 eligible foster/adoptive family applicants, 161 participated (70%). An analysis of demographic differences between eligible participants and non-participants indicated that the odds of participation for mothers were: (1) not different by county, age, nor previous foster parent experience; (2) lower for those who were married; (3) higher for those interested in fostering and adoption, and lower for those interested solely in adoption; and (4) lower for African-American/others compared to whites. The odds of participation for fathers was greater for those interested in fostering and adoption, and lower for those interested solely in adoption, but not different for any other variables.

Family-level characteristics for the 161 participant families are shown in Table 1. Slightly fewer than two-thirds included married couples, and slightly more than one third were female-headed. Approximately 73% lived in a single-family dwelling. Approximately 27% had an income less than $25,000, 34% had an income between $25,000 and $44,999, and 39% had an income of $45,000 or greater. Approximately 52%, 40%, and 8% were interested in, respectively, fostering only, fostering and adoption, and adoption only. Finally, approximately 56% had no children in the home and approximately 39% had from one through three children.

Table 2 shows applicants' characteristics. Twenty-seven percent of the women and 15% of the men were African-American. Few parents had less than a high school education, and 28% of the women and 31% of the men had a bachelor's or advanced degree. Approximately 88% of the men and 75% of the women were employed full-time. Over 90% of the applicants had no previous foster parent experience. The mean age for women and men was

approximately 38 years old.

Number of Family-Level Psychosocial Problems

Table 3 shows the distribution for the number of psychosocial problems. The number of problems ranged from 0 to 7, and the median was 2.00. In approximately one-third of families there were no problems and in approximately one-third there were three or more problems.

Supply/Demand

The supply/demand ratios for counties D, H, and K were .20, .39, and .69, respectively. Thus, in each county the number of foster families was less than the number of new children committed to state custody, but the discrepancy varied considerably across counties.

Foster Family Approval

Of the 161 families 115 (71%) were approved. Binary logistic regression was used to test approval models (Hosmer & Lemeshow, 2000). These results are in Tables 4 through 7.

Hierarchical regression was used to examine whether a linear or curvilinear relationship existed between the number of problems and approval. Number of problems was entered first, followed by number of problems squared (see Table 4). The relationship was linear rather than curvilinear. As expected, the more problems the lower the probability of approval (see Figure 1). The probability of approval was over .50 for families with five problems, and over .70 for families with three or fewer problems.

Four regression models were estimated to examine whether the relationship between the number of problems and approval was moderated by supply/demand, race, education, or family income. In each model the number of problems and one moderator variable were entered first in the regression equation, followed by the product of these two variables (see Table 5). None of the moderators were statistically significant. Thus, the association between number of psychosocial problems and approval status was similar for applicants living in counties with different supply/demand ratios, and applicants of different races, levels of educational attainment, and economic well-being.

Two separate regression models were estimated to examine whether a linear or curvilinear relationship existed between education or income and approval. In the first, education was entered first, followed by education squared. In the second, income was entered first, followed by income squared (see Table 6). Education was not related to approval. Income was related linearly to approval. The higher the income, the greater the probability of approval. There was no statistically significant curvilinear effect.

A final regression model was estimated to examine whether a relationship existed between education or income and approval independent of the number of problems. Number of problems was entered first, followed by education and income (see Table 7). Education did not have an independent effect, but income did. The relationship between income and the probability of approval is illustrated in Figure 2 for families with the median number of problems (i.e., 2) and education (i.e., some college, no degree). The probability of approval was over .50 for families with an income in the $15,000-$19,999 range, and over .70 for families with an income in the $35,000-$44,999 range.

Foster Child Placement

Of the 161 families 104 (65%) had a child placed. Binary logistic regression was used to test models of foster child placement. The same models described above for approval were tested for placement (see Tables 8 through 11). The results for placement were similar to those for approval. Number of problems was inversely associated with placement, there were no curvilinear predictors, and education was not associated with placement. However, the association between the number of problems and placement was moderated by income (see Table 9). As shown in Figure 3, there was no relationship between the number of problems and the probability of placement for families with income two standard deviations above the mean ($55,000-74,999), but there was a strong inverse relationship for families with income two standard deviations below the mean ($20,000-24,999).

Approval, Placement, and the Number of Psychosocial Problems

The number of problems differentiates families who were and were not approved, and families who did and did not have a child placed. This does not necessarily indicate that families who were approved or who had a child placed did not have psychosocial problems.

Figure 4 shows the number of psychosocial problems for families who were and were not approved. A higher percentage of families who were approved had no problems or one problem. A lower percentage of families who were approved had three through five problems. Very few families in either group had six or seven problems.

Figure 5 shows the number of psychosocial problems for families who did and did not have a child placed. A higher percentage of families who had a child placed had no problems or one or two problems. A lower percentage of families who had a child placed had four or five problems. Very few families in either group had six or seven problems.

Approval, Placement, and Type of Psychosocial Problem

Given that families who were approved or who had a child placed had psychosocial problems it is important to examine the types of problems reported. Problems among families who are approved or have a child placed might warrant special assessment, training, or services in order to ensure the ability of these families to foster effectively. Also, it is important to examine the types of psychosocial problems reported by families who are not approved and who do not have a child placed. It might be that these families could foster effectively given additional training or services during preservice preparation to address particular problems.

In nine of the ten areas of psychosocial functioning the percentage of families with problems was lower in families who were approved to foster than in families who were not approved (see Figure 6). Except for social support and empathy fewer than 20% of approved families had problems in any given area. Approximately 20% or more families who were not approved had problems in social support, role clarity, empathy, developmental expectations, psychological problems, and family functioning. However, family functioning [$\chi^2(2, \underline{N} = 161) =$

6.67, p = .01, OR = .27] and developmental expectations [χ^2(2, N = 161) = 5.30, p = .02, OR = .38] were the only areas in which this difference was statistically significant.

In nine of ten areas the percentage of families with problems was lower in families who had a child placed than in families who did not (see Figure 7). However, family functioning [χ^2(2, N = 161) = 8.64, p < .01, OR = .21] and empathy [χ^2(2, N = 161) = 7.12, p < .01, OR = .39] were the only areas in which this difference was statistically significant.

Discussion

Despite a longstanding recognition of the importance of understanding how effective foster families are selected, virtually nothing is known about the characteristics actually used to select foster families. This study examined if and how psychosocial problems, income, education, race and the supply of and demand for foster families are related to the approval of families to foster and the placement of children. Families who were approved and who had a child placed had fewer problems and higher incomes than families who were not approved and who did not have a child placed. However, income increased the probability of placement for families with many problems but not for families with few problems. Race, education, and supply/demand were not related to approval or placement, nor were there curvilinear effects on approval or placement.

In many respects the results of the present study support the efficacy of the selection process. Overall, families who were approved and who had a child placed were more qualified to foster in the sense that they had fewer psychosocial problems. This is an important finding. Workers in these counties did not use standardized assessments to evaluate applicants, and yet, their selection decisions were similar to those that would be made if standardized assessments had been used. Also, race, education, and supply/demand were not related to approval or placement. Finally, although income was related to approval and placement, it was related in a reasonable way. The probability of approval was less than .50 for families with a yearly income less than $15,000, and families with income less than this might have difficulty

handling the out-of-pocket expenses of fostering.

Although results support the efficacy of the selection process, some families who were approved and who had a child placed had psychosocial problems. Approximately 15% of approved families had four or more problems, and 7% had five or more. Approximately 12% of families who had a child placed had four or more problems, and 8% had five or more. In particular, 25% of families who were approved and who had a child placed had a problem in empathy for children; this area warrants more careful assessment and training.

A substantial number of families who were approved (26%) had no psychosocial problems, and over half (52%) of these families had fewer than three problems. A similar percentage of families who did not have a child placed had no problems (25%) or fewer than three problems (53%). Clearly the number of psychosocial problems is not the only determinant of approval or placement, nor should it be. However, a higher percentage of families who were not approved and who did not have a child placed had problems in overall family functioning, and these were large differences as evidenced by the odds ratios. Also, a higher percentage of families who were not approved had unreasonable developmental expectations, and a higher percentage of families who did not have a child placed had inadequate empathy for children, and both of these were large differences as evidenced by the odds ratios.

The present study has potential limitations due to sample size. The sample size is insufficient to detect small effect sizes, which might explain the failure to detect some of the relationships examined. This is a problem only if small effects are deemed important. More important, the sample size was not sufficient to distinguish between families who were not approved because they were rejected by the agency (n = 14, 8.7%) and families who selected out by not completing the approval process (n = 32, 19.9%). This is an important issue for future research because it is necessary to ensure that the characteristics that differentiate families who are rejected and families who select out, as compared to families who are approved, are relevant to successful fostering. For example, the number of psychosocial problems might be

relevant, but family income (beyond a certain minimum), education, and race are not. For example, some African-American applicants might select out because of agency insensitivity to their needs, but they may be able to foster successfully given a sensitive worker. Or, some applicants with lower incomes might select out because they do not have the financial resources to foster, but they might be able to foster successfully with agency assistance. Similarly, less educated applicants might be intimidated by the prospect of working with the foster care agency and related bureaucracies, but they may be able to foster successfully given a worker willing to help them navigate these systems.

Results of the present study also should be considered in the context of the population sampled. The sample was from a public agency in one state, although from three counties in that state, and we do not know the extent to which these results generalize to other state systems. The sample underrepresented married and African-American/other women somewhat due to nonparticipation and we do not know if or how this influenced the obtained results. The population was limited by design to only those applicants who completed preservice training. In particular, all of the applicants in this study were trained to foster using MAPP. Other preservice training programs might produce other results, particularly if differing aspects of parenting are targeted. Families who do not complete training may have a greater number of psychosocial problems, and so the obtained results might underestimate the difference in the number of problems reported by families who were and were not approved and who did and did not have a child placed. This study did not include kinship family foster care applicants. Given the growing importance of kinship care (Hegar & Scannipieco, 1999), and questions that have been raised about the psychosocial functioning of kinship caregivers (Gaudin & Sutphen, 1993; Gebel, 1996), future research on selection should examine the psychosocial functioning of kinship care applicants. Finally, this study did not include therapeutic family foster care applicants. Given that therapeutic foster families oftentimes care for children with even more behavioral and emotional problems than do non-therapeutic foster families, it is important that future research

on selection examine the psychosocial functioning of therapeutic family foster care applicants.

Results of the present study also should be interpreted in view of the methods used to measure psychosocial functioning. Although a broad array of indicators of psychosocial functioning were examined using measures with demonstrated psychometric properties, other measures of these constructs might yield different results, as might other methods for measuring these constructs (e.g., observations by independent observers, workers, or significant others). Also, there are additional dimensions of psychosocial functioning that might be considered in future research. In particular, it would be useful to include a measure of the quality of the home environment (Berrick, 1997; Gaudin & Sutphen, 1993; O'Hara, Church, & Blatt, 1998; Simms & Horwitz, 1996; Smith, 1994; Wallace & Belcher, 1997).

The way in which supply/demand was operationalized in the present study also needs to be considered. The number of new children committed to custody was used to measure the demand for foster families. This does not take account of the number of children who leave custody (Hurl & Tucker, 1995; Tucker & Hurl, 1992), nor the fact that some children who enter custody need other types of care such as group homes. It also does not take into account children placed with private agency foster homes under contract with the state or the use of kinship home placements. We were unable to obtain data concerning the number of children who leave custody or the number of children in need of other types of care, and if possible these should be measured in future research. Also, another potentially useful indicator of supply/demand pressure might be the number of emergency placements. Finally, we only had anecdotal evidence that African-American families were in short supply, which makes it difficult to interpret the failure to find an interaction between race and the number of problems.

The extent to which the number of psychosocial problems and income are related independently to placement, or only related to placement through approval, is not clear in the present study. Except for three families in which children were placed pending approval, which was not forthcoming, all families in which children were placed were approved. For the most

part placement is dependent upon approval. Consequently, the obtained relationship between placement on the one hand and problems in psychosocial functioning and income on the other, might be due to the relationship between these latter two variables and approval. However, it is difficult to estimate a model in which approval is controlled statistically because the crosstabulation of approval and placement results in an almost empty cell (i.e., three families who were not approved and who had children placed) (Hosmer & Lemeshow, 2000, p. 135). A sample selection model seemingly is appropriate for such a situation, but it was not possible to estimate a sample selection model because the same predictors are used for model selection (i.e., approval) and the prediction of substantive (i.e., placement) outcomes (Greene, 2000).

Although the present study has limitations, it also has notable strengths. These include a prospective research design, a relatively comprehensive battery of established measures of psychosocial functioning, a sample large enough to detect at least medium effect sizes with adequate statistical power, and a sample that is demographically diverse and includes foster mothers and fathers. The inverse relationship between the number of psychosocial problems and approval and placement is especially notable given that psychosocial functioning was assessed months before approval and placement decisions, and formal measures of psychosocial functioning were not used in the agency selection process. Furthermore, approval and placement decisions were made by agencies in conjunction with workers who did not have access to the psychosocial functioning data collected in the present study, and numerous different workers in three counties were involved in the approval and placement decisions.

Despite the fact that millions of children have been placed in family foster care over the last century, we know very little about the process of selecting foster families able to provide effective care. It is time to undertake a sustained and methodologically rigorous program of research designed to better understand this process. A clear understanding of this process is essential if we are to best serve the children placed in family foster care and to ensure that they do not become victims of a system designed for their protection.

References

Attala, J. M., Hudson, W. W., & McSweeney, M. (1994). A partial validation of two short-form partner abuse scales. Women and Health, 21(2/3), 125-139.

Barbell, K., & Sheikh, L. (2000). A community outreach handbook for recruiting foster parents and volunteers. Washington, DC: Child Welfare League of America.

Bavolek, S. J. (1984). Handbook for the (AAPI) Adult-Adolescent Parenting Inventory. Eau Claire, WI: Family Development Resources, Inc.

Berrick, J. D. (1997). Assessing quality of care in kinship and foster family care. Family Relations, 46(3), 273-280.

Bradley, R. H., Corwyn, R. F., Whiteside-Mansell, L., Caldwell, B. M., Wasserman, G. A., Walker, T. B., & Mink, I. T. (1998). Measuring the home environment of children in early adolescence. Journal of Research of Adolescence, 10, 247-288.

Buehler, C., Anthony, C., Krishnakumar, A., Stone, G., Gerard, J., & Pemberton, S. (1997). Interparental conflict and youth problem behaviors: A meta-analysis. Journal of Child and Family Studies, 6, 233-247.

Casey Family Program. (2000). Lighting the way: Attracting and supporting foster families. Seattle, WA: Author.

Cautley, P. W. (1980). New foster parents: The first experience. New York: Human Sciences Press.

Chase-Lansdale, P. L., Gordon, R. A., Brooks-Gunn, J., & Klebanov, P. K. (1997). Neighborhood and family influences on the intellectual and behavioral competence of preschool and early school-age children. In J. Brooks-Gunn, G. Duncan, & J. Aber (Eds.), Neighborhood Poverty (pp. 79-118). New York: Russell Sage Foundation.

Child Welfare Institute. (1987). MAPP: Model Approach to Partnerships in Parenting. Atlanta, GA: Child Welfare Institute, Center for Foster and Residential Care.

Child Welfare League of America. (1975). CWLA standards of excellence for family foster care. Washington, DC: Child Welfare League of America.

Child Welfare League of America. (1995). Standards of excellence for family foster care services (Revised ed.). Washington, DC: Child Welfare League of America.

Cohon, J. D., & Cooper, B. A. B. (1993). A first look: Foster parents of medically complex, drug-exposed, and HIV+ infants. Children and Youth Services Review, 15, 105-130.

Conger, R. D., Conger, K. J., & Elder, G. (1997). Family economic hardship and adolescent academic performance: Medicating and moderating process. In G. J. Duncan, & J. Brooks-Gunn (Eds.), Consequences of growing up poor (pp. 288-310). New York: Russell Sage Foundation.

Cox, M. E. (2000). Characteristics of foster family applicants willing to accept hard to place foster children. Unpublished doctoral dissertation, University of Tennessee, Knoxville, TN.

Croft, M. (1999). Substitute care in Tennessee: A study of placement and stability. Unpublished doctoral dissertation, University of Tennessee.

Dawes, R. M., Faust, D., & Meehl, P. E. (1989). Clinical versus actuarial judgement. Science, 243, 1668-1674.

Department of Health and Human Services. (1993). Administration for Children and Families, Administration on Children, Youth and Families The National Survey of Current and Former Foster Parents. Rockville, MD: Author.

Department of Health and Human Services. (1995). National Center on Child Abuse and Neglect Child maltreatment in 1993: Reports from the states to the National Center on Child Abuse and Neglect. Washington, DC: U.S. Government Printing Office.

Department of Health and Human Services. (1997). Children's Bureau National study of protective, preventive and reunification services delivered to children and their families. Washington, DC: U.S. Government Printing Office.

Derogatis, L. R. (1993). BSI: Brief Symptom Inventory. Minneapolis, MN: National Computer Systems, Inc.

Derogatis, L. R. (1994). SCL- 90- R: Symptom Checklist- 90- R. Minneapolis, MN: National Computer Systems, Inc.

Downey, G., & Coyne, J. C. (1990). Children of depressed parents: An integrative review. Psychological Bulletin, 108, 50-76.

East, P. L., Matthews, K. L., & Felice, M. E. (1994). Quality of adolescent mothers' parenting. Journal of Adolescent Health, 15, 163-68.

Eddy, J. M., Heyman, R. E., & Weiss, R. L. (1991). An empirical evaluation of the dyadic adjustment scale: Exploring the differences between marital "satisfaction" and "adjustment.". Behavioral Assessment, 13, 199-220.

Epstein, N. B., Baldwin, L. M., & Bishop, D. S. (1983). The McMaster Family Assessment Device. Journal of Marital and Family Therapy, 9(2), 171-180.

Fanshel, D., Finch, S. J., & Grundy, J. F. (1990). Foster children in a life course perspective. New York, NY: Columbia University Press.

Fanshel, D., & Shinn, E. B. (1978). Children in foster care: A longitudinal investigation. New York, NY: Columbia University Press.

Faver, C. A., Crawford, S. L., & Combs-Orme, T. (1999). Services for child maltreatment: Challenges for research and practice. Children and Youth Services Review, 21(2), 89-109.

Fischer, J., & Corcoran, K. (1994a). Measures for clinical practice: Couples, families, children. New York: Free Press.

Fischer, J. &. Corcoran, K. (1994b). Measures for clinical practice: Adults. New York: Free Press.

Gaudin, Jr. J. M., & Sutphen, R. (1993). Foster care vs. extended family care for children of incarcerated mothers. Journal of Offender Rehabilitation, 19(3/4), 129-147.

Gebel, T. J. (1996). Kinship care and non-relative family foster care: A comparison of caregiver attributes and attitudes. Child Welfare, 75(1), 5-18.

General Accounting Office. (1995). Foster care: Health needs of many young children are unknown and unmet. Washington, DC: U.S. General Accounting Office.

Glisson, C., Bailey, J. W., & Post, J. A. (2000). Predicting the time children spend in state custody. Social Service Review, 74(2), 253-280.

Greene, W. H. (2000). Econometric Analysis (4th ed.). Upper Saddle River, NJ: Prentice-Hall.

Hanson, T. L., McLanahan, S., & Thomson, E. (1997). Economic resources, parental practices, and children's well-being. In G. J. Duncan, & J. Brooks-Gunn (Eds.), Consequences of growing up poor (pp. 190-238). New York: Russell Sage Foundation.

Haskett, M. E., Johnson, C. A., & Miller, J. W. (1994). Individual differences in risk of child abuse by adolescent mothers: Assessment in the perinatal period. Journal of Child Psychology, 35(3), 461-476.

Heflinger, C. A., Simpkins, C. G., & Combs-Orme, T. (2000). Using the CBCL to determine the clinical status of children in state custody. Children and Youth Services Review, 22(1), 55-73.

Hegar, R. L., & Scannapieco, M. (Eds.). (1999). Kinship foster care: Policy, practice, and research. New York: Oxford University Press.

Hersen, M., & Bellack, A. (1988). Dictionary of behavioral assessment techniques. Elmsford, NY: Pergamon Press.

Hosmer, D. W., & Lemeshow, S. (2000). Applied logistic regression (2nd ed.). New York: John Wiley.

Hurl, L. F., & Tucker, D. J. (1995). Constructing an ecology of foster care: An Analysis of the entry and exit patterns of foster homes. Journal of Sociology and Social Welfare, 22(3), 89-119.

Illinois Department of Children and Family Services. (1993). PRIDE: Parent resources for information, development, and education. Washington, DC: Child Welfare League of America.

Kabacoff, R. I., Miller, I. W., Bishop, D. S., Epstein, N. B., & Keitner, G. I. (1990). A psychometric study of the McMaster Family Assessment Device in psychiatric, medical, and nonclinical samples. Family Psychology, 3(4), 431-439.

Kadushin, A., & Martin, J. A. (1988). Child welfare services (4th ed.). Upper Saddle River, NJ: Prentice-Hall.

Kriener, K., & Kazmerzak, D. (1994). Foster family satisfaction survey report. Des Moines, IA: Iowa Department of Human Services.

Lipman, E. L., & Offord, D. R. (1997). Psychological morbidity among poor children in Ontario. In G. J. Duncan, & J. Brooks-Gunn (Eds.), Consequences of growing up poor (pp. 239-287). New York: Russell Sage Foundation.

Magura, S., & Moses, B. (1986). Outcome measures for child welfare services. Washington, DC: Child Welfare League of America.

McFadden, E. J., & Ryan, P. (1991). Maltreatment in family foster homes: Dynamics and dimensions. Children and Youth Services Review, 15(2), 209-231.

McFarlane, A. H., Bellissimo, A., & Norman, G. R. (1995). Family structure, family functioning and adolescent well-being: The transcendent influence of parental style. Journal of Child Psychology and Psychiatry, 36(5), 847-864.

Miller, I. W., Epstein, N. B., Bishop, D. S., & Keitner, G. L. (1985). The McMaster Family Assessment Device: Reliability and validity. Journal of Marital and Family Therapy, 11(4), 345-356.

O'Hara, M. T., Church, C. C., & Blatt, S. D. (1998). Home-based developmental screening of children in foster care. Pediatric Nursing, 24(2), 113-117.

Orme, J. G., & Buehler, C. (2001). Foster family characteristics and behavioral and emotional problems of foster children: A narrative review. Family Relations, 50(1), 3-15.

Pagani, L., Boulerice, B., & Tremblay, R. E. (1997). The influence of poverty on children's classroom placement and behavior problems. In G. J. Duncan, & J. Brooks-Gunn (Eds.), Consequences of growing up poor (pp. 311-339). New York: Russell Sage Foundation.

Pardeck, J. T. (1984). Multiple placement of children in foster family care: An empirical analysis. Social Work, 29(6), 506-509.

Pasztor, E. M., & Wynne, S. F. (1995). Foster parent retention and recruitment: The state of the art in practice and policy. Washington, DC: Child Welfare League of America.

Pecora, P. J., Whittaker, J. K., Maluccio, A. M., Barth, R. P., & Plotnick, R. D. (2000). The child welfare challenge: Policy, practice, and research 2nd ed.,). New York: Aldine DeGruyter.

Pilowsky, D. (1995). Psychopathology among children placed in family foster care. Psychiatric Services, 46(9), 906-910.

Rhodes, K. W., Orme, J. G., & Buehler, C. (2001). A comparison of family foster parents who quit, consider quitting, and plan to continue fostering. Social Service Review, 75(1), 85-114.

Risley-Curtiss, C., Combs-Orme, T., Chernoff, R., & Heisler, A. (1996). Health care utilization by children entering foster care. Research on Social Work Practice, 6(4), 442-461.

Rosenfeld, A. A., Pilowsky, D. J., Fine, P., Thorpe, M., Fein, E., Simms, M. D., Halfon, N., Irwin, M., Alfaro, J., Saletsky, R., & Nickman, S. (1997). Foster care: An update. Journal of the American Academy of Child and Adolescent Psychiatry, 36(4), 448-457.

Rothbaum, F., & Weisz, J. R. (1994). Parental caregiving and child externalizing behavior in nonclinical samples: A meta-analysis. Psychological Bulletin, 116, 55-74.

Rowe, J., Cain, H., Hundleby, M., & Keane, A. (1984). The foster families and how the children joined them. In Long-term foster care (pp. 57-70). New York: St. Martin's Press.

Rutter, M. (2000). Children in substitute care: Some conceptual considerations and research implications. Children and Youth Services Review, 22(9/10), 685-703.

Sameroff, A. J., Bartko, W. T., Baldwin, A., Baldwin, C., & Seifer, R. (1998). Family and social influences on the development of child competence. In M. Lewis, & C. Feiring (Editors), Families, risk, and competence (pp. 161-185). Mahwah, NJ: Lawrence Erlbaum.

Simms, M. D., & Horwitz, S. M. (1996). Foster home environments: A preliminary report. Developmental and Behavioral Pediatrics, 17(3), 170-175.

Simons, R. L. (1996). Understanding differences between divorced and intact families: Stress, interaction, and child outcome. Thousand Oaks, CA: Sage Publications.

Smith, M. C. (1994). Child-rearing practices associated with better developmental outcomes in preschool-age foster children. Child Study Journal, 24(4), 299-327.

Spanier, G. B. (1989). Dyadic Adjustment Scale. New York: Multi-Health Systems.

Spanier, G. B. (1976). Measuring dyadic adjustment: New scales for assessing the quality of marriage and similar dyads. Journal of Marriage and the Family, 38, 15-28.

Stone, N. M., & Stone, S. F. (1983). The prediction of successful foster placement. Social Casework, 64, 11-17.

Teather, E. C., Davidson, S. D., & Pecora, P. J. (1994). Placement disruption in family foster care. Seattle, WA: The Casey Family Program.

Thompson, C. (1989). The instruments of psychiatric research. New York: Wiley.

Touliatos, J., Perlmutter, B. F., & Straus, M. (1990). Handbook of family measurement techniques. Newbury Park, CA: Sage.

Tucker, D. J., & Hurl, L. F. (1992). An ecological study of the dynamics of foster home entries. Social Service Review, 66(4), 617-641.

van Riezen, H., & Segal, M. (1988). Comparative evaluation of rating scales for clinical psychopharmacology. New York: Elsevier.

Vaux, A., Burda, P., & Stewart, D. (1986). Orientation toward utilization of support resources. Journal of Community Psychology, 14, 159-170.

Vaux, A., Riedel, S., & Stewart, D. (1987). Modes of social support: The Social Support

Behavior (SS-B) Scale. American Journal of Community Psychology, 15(2), 209-237.

Wallace, P. M., & Belcher, H. M. E. (1997). Drug exposed children and the foster care system: In the best interests of the child? Journal of Child and Adolescent Substance Abuse, 7(1), 17-32.

Wolins, M. (1963). Selecting foster parents: The ideal and the reality. New York: Columbia University Press.

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Table 1

Foster Families' Characteristics

Characteristics	Total Families (n = 161) %
Married	61.5
Family Type	
Two-Parent	61.5
Single-Mother	36.0
Single-Father	2.5
Type of Dwelling	
Apartment	12.1
Duplex	5.4
Single Family	73.2
Mobile Home	6.0
Other	3.4
Yearly Family Income	
< 5,000	1.2
5,000 – 9,999	1.2
10,000 – 14,999	3.7
15,000 – 19,999	6.8
20,000 – 24,999	13.7
25,000 – 34,999	17.4
35,000 – 44,999	16.8
45,000 – 54,999	15.5
55,000 – 74,999	14.9
75,000 – 99,999	4.3
≥ 100,000	4.3
County	
D	31.1
H	14.9
K	54.0
Interest	
Fostering	51.6
Fostering & Adoption	40.4
Adoption	8.1
Number of Children In Home	
0	56.3
1	19.2
2	13.9
3	6.0
≥ 4	4.7

Table 2

Foster Parent Applicants' Characteristics

	Total Families (n = 161)	
	Women (n = 157)	Men (n = 103)
Characteristics	%	%
Race		
African-American	27.4	15.5
European-American	70.7	83.5
Other	1.9	1.0
Highest Degree		
<HS	2.5	6.8
HS/GED	40.8	35.0
College, No Degree	13.4	8.7
Two-Year Degree	15.3	18.4
Bachelor's Degree	17.8	24.3
Advanced Degree	10.2	6.8
Employed		
No	16.1	7.4
Part-Time	8.7	4.3
Full-Time	75.2	88.3
Foster Parent Experience	8.9	5.8
	M (SD)	M (SD)
Age	38.29 (8.89)	38.13 (8.40)

Note. Family-level race: African-American/other (30.4%); European-American (69.6). Family-level education: <HS (5.0%); HS/GED (34.8%); College, no degree (9.9%); Two-year degree (18.0); Bachelor's degree (23.0); Advanced degree (9.3%).

Table 3

Percentage of Number of Problems

in Psychosocial Functioning

Number of Problems	Families (n = 161) %	
0	32.9	(32.9)
1	15.5	(48.4)
2	20.5	(68.9)
3	13.0	(82.0)
4	9.3	(91.3)
5	5.6	(96.9)
6	2.5	(99.4)
7	.6	(100.0)

Note. Cumulative percentages

are in parentheses.

Table 4

Approval and Number of Problems in Psychosocial Functioning

Variables	B	OR	Wald	p	χ^2_{model}	p	χ^2_{step}	p
Problems	-.24	.79	5.70	.02	5.79	.02	5.79	.02
Problems^2	.05	1.05	.93	.33	6.74	.03	.95	.33

Table 5

Approval, Number of Problems in Psychosocial Functioning, Supply/Demand, Race, Education, and Income

Variables	B	OR	Wald	p	χ^2_{model}	p	χ^2_{step}	p
Model 1								
Problems	-.22	.80	4.74	.03				
Supply/Demand	-.62	.54	.56	.46	6.35	.04	6.35	.04
Interaction	21	1.23	.17	.68	6.52	.09	.17	.68
Model 2								
Problems	-.25	.78	5.97	.02				
Race	-.47	.62	1.56	.21	7.33	.03	7.33	.03
Interaction	-.19	.82	.71	.40	8.05	.04	.72	.40
Model 3								
Problems	-.23	.80	5.16	.02				
Education	.08	1.08	.46	.50	6.25	.04	6.25	.04
Interaction	-.11	.99	.02	.88	6.78	.10	.02	.88
Model 4								
Problems	-.23	.79	4.91	.03				
Income	.28	1.32	9.58	<.01	16.34	<.01	16.34	<.01
Interaction	.03	1.03	.31	.58	16.66	<.01	.32	.57

Table 6

Approval, Education, and Income

Variables	B	OR	Wald	p	χ^2_{model}	p	χ^2_{step}	p
Model 1								
Education	.12	1.13	1.02	.32	1.03	.31	1.03	.31
Education^2	.09	1.10	.84	.36	1.90	.39	.88	.35
Model 2								
Income	.29	1.34	10.41	<.01	11.43	<.01	11.43	<.01
Income^2	.04	1.04	1.08	.30	12.56	<.01	1.13	.29

Table 7

Approval, Number of Problems in Psychosocial Functioning, Education, and Income

Variables	B	OR	Wald	p	χ^2_{model}	p	χ^2_{step}	p
Problems	-.24	.79	5.70	.02	5.79	.02	5.79	.02
Education	.00	1.00	.00	.99				
Income	.28	1.32	9.19	<.01	16.34	<.01	10.55	<.01

Table 8

Placement and Number of Problems in Psychosocial Functioning

Variables	B	OR	Wald	p	χ^2_{model}	p	χ^2_{step}	p
Problems	-.26	.77	6.98	<.01	7.22	<.01	7.22	<.01
Problems^2	.07	1.07	1.79	.18	9.02	.01	1.81	.18

Table 9

Placement, Number of Problems in Psychosocial Functioning, Supply/Demand, Race, Education, and Income

Variables	B	OR	Wald	p	χ^2_{model}	p	χ^2_{step}	p
Model 1								
Problems	-.24	.79	5.68	.02				
Supply/Demand	-.80	.45	1.03	.31	8.26	.02	8.26	.02
Interaction	.45	1.57	.83	.36	9.09	.03	.84	.36
Model 2								
Problems	-.26	.77	7.31	<.01				
Race	-.52	.60	2.04	.15	9.25	.01	9.25	.01
Interaction	-.36	.70	2.26	.13	11.68	<.01	2.42	.12
Model 3								
Problems	-.26	.77	7.06	<.01				
Education	-.03	.97	.09	.76	7.31	.03	7.31	.03
Interaction	.02	1.02	.11	.74	7.42	.06	.11	.74
Model 4								
Problems	-.25	.78	6.42	.01				
Income	.18	1.20	4.87	.03	12.31	<.01	12.31	<.01
Interaction	.10	1.11	4.18	. 04	17.00	<.01	4.68	.03

Table 10

Placement, Education, and Income

Variables	B	OR	Wald	p	χ^2_{model}	p	χ^2_{step}	p
Model 1								
Education	.01	1.01	.01	.92	.01	.92	.01	.92
Education^2	.02	1.02	.05	.82	.06	.97	.05	.82
Model 2								
Income	.19	1.21	5.51	.02	5.76	.02	5.76	.02
Income^2	.01	1.00	.00	.97	5.76	.06	.00	.97

Table 11

Placement, Number of Problems in Psychosocial Functioning, Education, and Income

Variables	B	OR	Wald	p	χ^2_{model}	p	χ^2_{step}	p
Problems	-.26	.77	6.98	<.01	7.22	<.01	7.22	<.01
Education	-.10	.91	.69	.41				
Income	.20	1.22	5.41	.02	13.00	<.01	5.78	.06

Figure 1

Number of Psychosocial Problems and the Probability of Approval

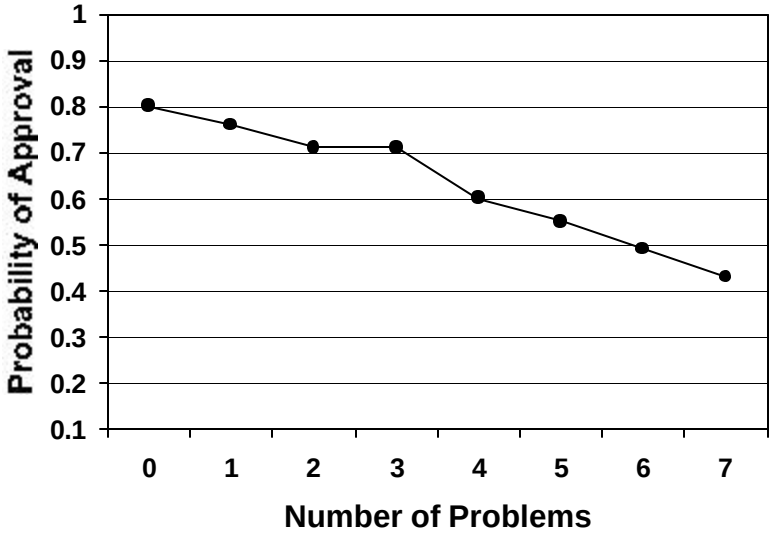
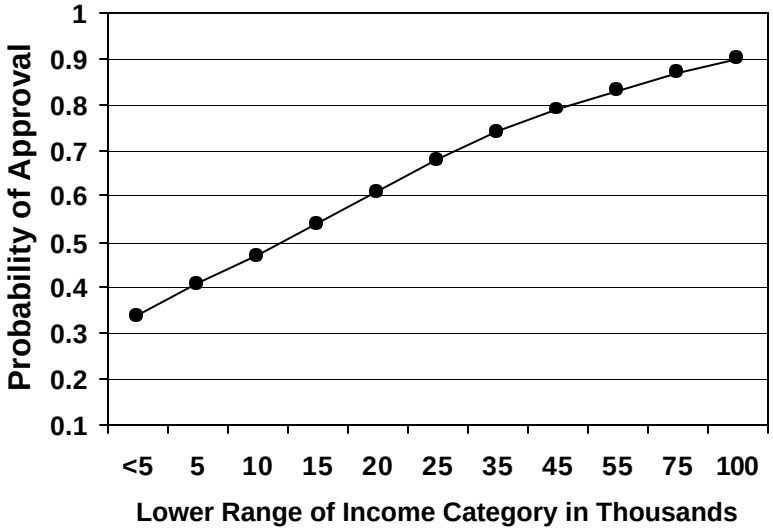


Figure 2

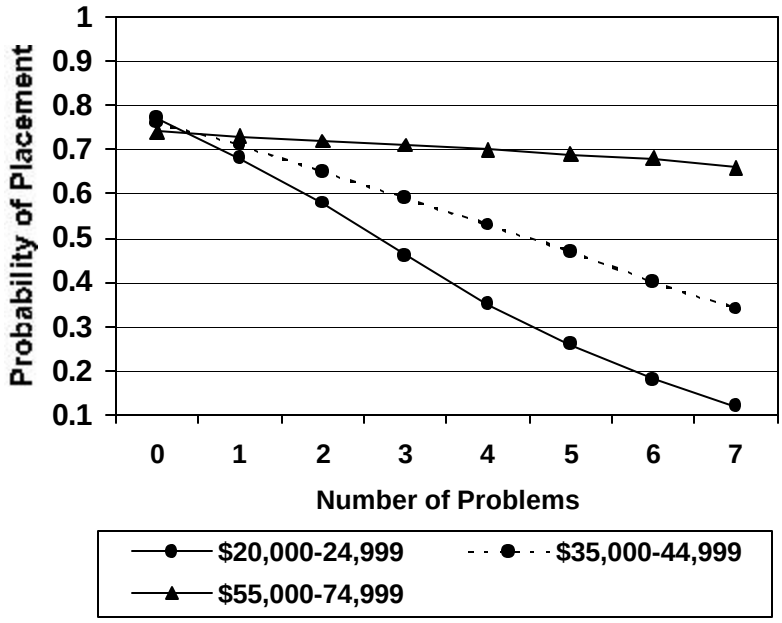
Family Income and the Probability of Approval



Note. These probabilities were computed for families with the median number of psychosocial problems (i.e., 2) and education (i.e., some college, no degree).

Figure 3

Number of Problems as Moderated by Family Income



Note. These probabilities were computed for families with the mean income category ($35,000-44,999), the income category two standard deviations below the mean ($20,000-24,999) and the income category two standard deviations above the mean ($55,000-74,999).

Figure 4

Number of Problems in Psychosocial Functioning for Families Approved and Not Approved to Foster

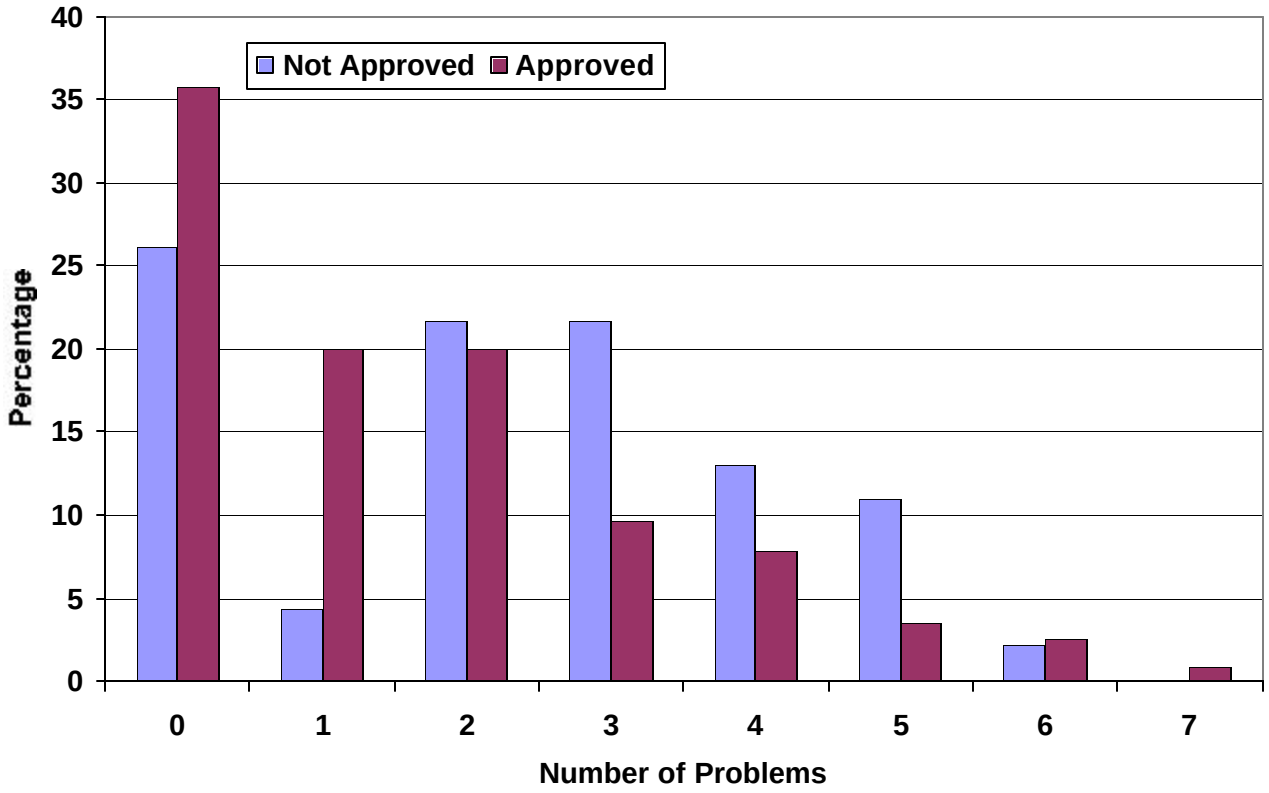


Figure 5

Number of Problems in Psychosocial Functioning for Families Who Did and Did Not Have a Child Placed

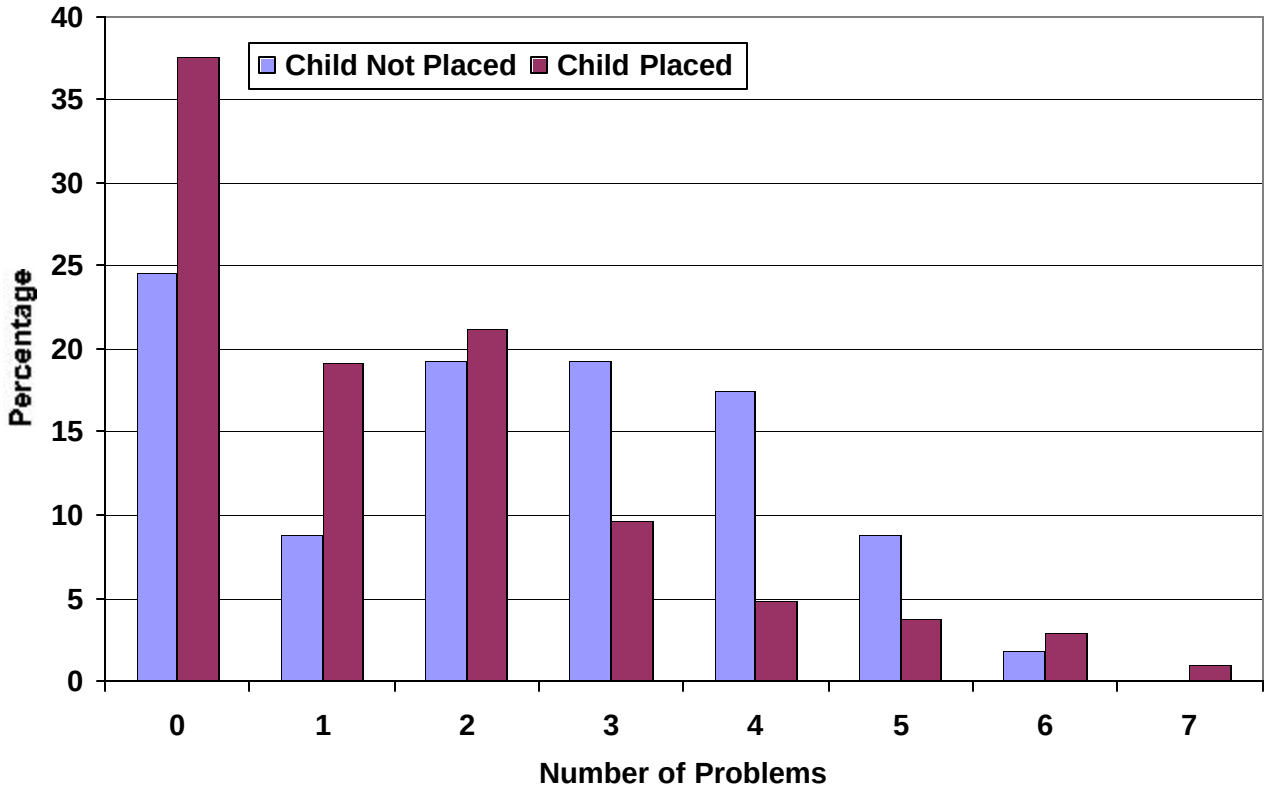


Figure 6

Type of Problems in Psychosocial Functioning for Families Approved and Not Approved to Foster

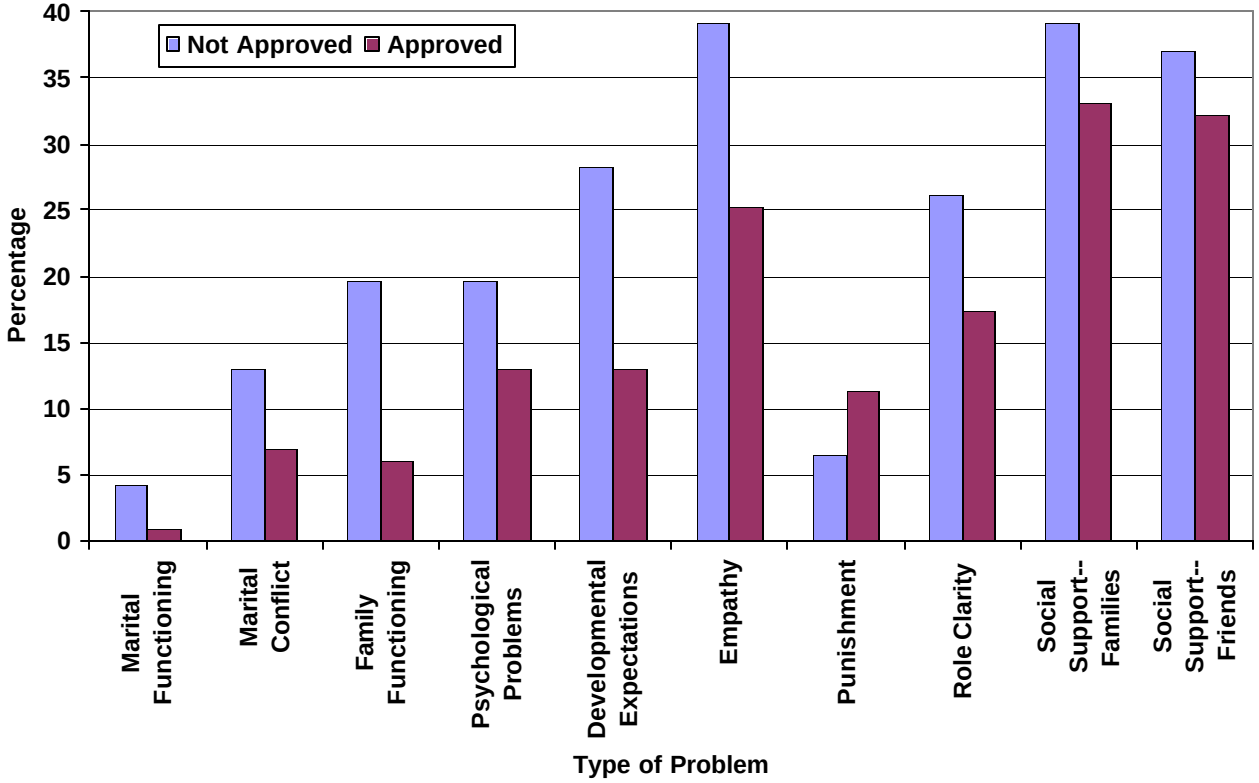


Figure 7

Type of Problems in Psychosocial Functioning for Families Who Did and Did Not Have a Child Placed